

**CHARLES COUNTY, MARYLAND PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION / RENEWAL**

Section 4.6 of the Charles County Water and Sewer Ordinance regulates the discharge of wastewater to the County's sanitary sewer system. All users that have the potential to discharge into the County's sanitary sewer system are required to complete this form.

| WDP Permit Number:   | Building Permit No.:   | Date Received: |      |  |       |  |   |             |
|--|--|----------------|------|--|-------|--|---|-------------|
| <p>Please answer all questions. Indicate "N/A" if the question does not apply to your business. Use additional sheets of paper if necessary. Incomplete or unreadable applications or those without an original signature will be returned and will considerably delay the processing of your permit. If you have questions concerning this application, please call (301) 609-5632 Monday thru Friday 8:00 a.m. to 2:30 p.m. Please allow a minimum of 30 days for processing.</p> <p>Please return completed application form to: Charles County Government, 5310 Hawthorne Rd, La Plata, MD 20646 ATTN: Pretreatment Specialist</p>   |  |                |      |  |       |  |   |             |
| <b>1. Is this Property connected to the Charles County Sewer System?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, <b>STOP.</b> This form is complete  |  |                |      |  |       |  |   |             |
| <b>2. <u>WATER USAGE/DISCHARGE INFORMATION</u></b><br><br>Est. daily water usage: <input type="checkbox"/> 0 - 24,999 GPD <input type="checkbox"/> 25,000 GPD or greater<br>Nature of discharge: _____<br><br>_____  | <b>3. <u>TYPE OF BUSINESS:</u></b><br><br><input type="checkbox"/> Food Handling/Preparation <input type="checkbox"/> Automotive<br><input type="checkbox"/> Photo processing/Medical Office/Dental Office<br><input type="checkbox"/> Other<br><br>Briefly Describe Business Function:<br>_____<br>_____<br><br>What raw materials (or foods) are used?<br>_____<br>_____<br><br>What finished products (or foods) are produced?<br>_____<br>_____<br><br>Business Hours: _____ am/pm to _____ am/pm<br>In Business Since: _____<br><br><b><u>FOOD HANDLERS</u></b><br>Est. number of meals served peak hour: _____<br>Est. number of meals served daily: _____<br>Maximum seating capacity: _____<br><br>Is there an existing grease interceptor? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide size (gallons): _____<br><b><u>A minimum 2,000 gallon grease interceptor is required.</u></b><br>Interceptor Location: _____<br>Name of previous business at this location (if known): _____<br><br><i>Projects requiring a grease interceptor (G/I) must submit with this application, prior to processing, a plumbing plan (preferably 11" x 17") showing the location of the grease interceptor, the connection of all fixtures with the potential to discharge fats, oils or grease (FOG) and any sanitary waste lines. All building drains except for the bathrooms, should be routed to the G/I including slop sinks, mop sinks, floor drains and can washers. All drain lines must be clearly marked or highlighted. Refer to the current County specifications and detail for grease interceptors.</i><br><b>Incomplete application packets will delay approval.</b> |                |      |  |       |  |   |             |
| <b>Indicate if you have (or will have) one or more of the following:</b><br>Floor drains ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Sewer discharge other than sanitary waste ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Oil/flammable liquids ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Silver recovery units ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Neutralization system(s) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Grit/solids ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Metal milling/plating/finishing ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Chemical etching/washing ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Dishwasher ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Food grinder/garbage disposal ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Deep fryer ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Grill/griddle/stove ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Animal/vegetable grease ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Septage... ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Bulk chemical storage ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>(Also requires a Spill Prevention Plan)</b><br><br>Is any part of this business regulated under any provision of 40 CFR parts 401 thru 471? <input type="checkbox"/> Yes part _____ <input type="checkbox"/> No<br><br>SIC or NAICS Code: _____<br><br>Business Name: _____<br><br>Business Address: _____<br><br>City, State, Zip: _____<br><br>Contact Name: _____ Phone: (   ) _____ |  |                |      |  |       |  |   |             |
| <p><b><i>"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."</i></b></p> <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td><td style="width: 33%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Signature of Authorized Representative</td><td style="width: 33%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Title</td></tr><tr><td></td><td style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Printed Name of Authorized Representative</td><td style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Print Title</td></tr></table> <p>Signatory is:   <input type="checkbox"/> Owner-occupant   <input type="checkbox"/> Owner   <input type="checkbox"/> Corporate official   <input type="checkbox"/> Corporate staff   <input type="checkbox"/> Agent   <input type="checkbox"/> Other:</p>  |  |                | Date | Signature of Authorized Representative | Title |  | Printed Name of Authorized Representative | Print Title |
| Date   | Signature of Authorized Representative   | Title          |      |  |       |  |   |             |
|  | Printed Name of Authorized Representative  | Print Title    |      |  |       |  |   |             |